

Interview with Health Service Providers

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

THE INFORMATION IN Q001-005 SHOULD BE PRE-FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE INTERVIEW.				
001	FACILITY CODE:	___/___/___/		
002	UNIT CODE:	___/___/		
003	TYPE OF FACILITY CODE:	___/___/		
INTERVIEW INFORMATION				
004	Day ___/___/	Month ___/___/	Year ___/___/___/___/	
005	INTERVIEWER CODE	___/___/		
INTRODUCTION				
Introduce yourself by saying, <i>“We are talking with health service providers to learn about their knowledge of nutrition topics.”</i>				
Q#	Question	Answer	Code	Remarks
006	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE RESPONDENT.	YES	1	→END
		NO	2	
007	Position of the respondent	<input type="checkbox"/> Facility manager	1	
		<input type="checkbox"/> Doctor	2	
		<input type="checkbox"/> Nurse	3	
		<input type="checkbox"/> Midwife	4	
		<input type="checkbox"/> Other, specify _____ _____	5	

Background information of health service provider				
Q#	Question	Responses	Code	Remarks
201	Sex of health service provider	<input type="checkbox"/> Male	1	

		<input type="checkbox"/> Female	2	
202	How many years have you been working in this facility?	<input type="checkbox"/> <input type="checkbox"/> years		
203	Age of health service provider	<input type="checkbox"/> <input type="checkbox"/> years		
204	Place of service provision on the day of visit	<input type="checkbox"/> Integrated management of childhood illness (IMCI)/nutrition corner/pediatric unit	1	
		<input type="checkbox"/> Antenatal care (ANC)/postnatal care (PNC) room	2	
		<input type="checkbox"/> Immunization area	3	
		<input type="checkbox"/> Others (specify) _____	4	
205	What is the highest level of education you have achieved?	<input type="checkbox"/> <input type="checkbox"/> Completed years of schooling		
Training of health care providers				
206	Have you ever received Basic Nutrition Training from National Nutrition Services (NNS)?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
206.1	If Yes, specify _____ _____ _____			
207	Did you receive Infant and Young Child Feeding (IYCF) training provided by NNS?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	

		<input type="checkbox"/> No response	9	
207.1	If Yes, specify _____ _____			
208	Did you receive growth monitoring training provided by NNS?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
208.1	If Yes, specify _____ _____			
209	Did you receive training on Severe Acute Malnutrition (SAM) management provided by NNS?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
209.1	If Yes, specify _____ _____			
210	Did you ever receive any kind of other training on nutrition or maternal, infant, and young child nutrition (MIYCN)?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
210.1	If Yes, specify _____ _____			
Knowledge about nutrition during pregnancy <i>(Do not probe)</i>				
211	What maternal dietary advice should be given to a pregnant woman? (Multiple choices)	<input type="checkbox"/> Animal source foods	1	
		<input type="checkbox"/> Vitamin A rich foods	2	

		<input type="checkbox"/> Fruits and vegetables	3	
		<input type="checkbox"/> Frequency of food consumption	4	
		<input type="checkbox"/> Iodized Salt	5	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
212	What supplements should mothers take during pregnancy? (Multiple choices)	<input type="checkbox"/> Iron folic acid	1	
		<input type="checkbox"/> Folic acid	2	
		<input type="checkbox"/> Iron	3	
		<input type="checkbox"/> Calcium	4	
		<input type="checkbox"/> Vitamin (Mention:.....)	5	
		<input type="checkbox"/> Nutrition supplement packet	6	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
213	What infant feeding messages should be given to a pregnant woman? (Multiple choices)	<input type="checkbox"/> On early initiation of breastfeeding	1	
		<input type="checkbox"/> On exclusive breastfeeding for 6 months	2	
		<input type="checkbox"/> On feeding prelacteals and other liquids in the first 6 months	3	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	

	Knowledge about infant and young child feeding and nutrition <i>(Do not probe)</i>			
214	How long after birth should a baby start breastfeeding?	<input type="checkbox"/> Immediately	1	
		<input type="checkbox"/> Within hour	2	
		<input type="checkbox"/> Less than 24 hrs	3	
		<input type="checkbox"/> 1 day later	4	
		<input type="checkbox"/> More than 1 day later	5	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
215	What is exclusive breastfeeding?	<input type="checkbox"/> Giving baby breast milk and water	1	
		<input type="checkbox"/> Giving baby breast milk and some other liquids (e.g. honey, tea)	2	
		<input type="checkbox"/> Giving baby only breast milk and no other liquids or solids not even water	3	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
216	If a mother thinks her baby is not getting enough breast milk, what should she do? (Tick all that apply)	<input type="checkbox"/> Breastfeed more often/more frequently	1	
		<input type="checkbox"/> Give other liquids/foods	2	
		<input type="checkbox"/> Mother needs to drink more water	3	
		<input type="checkbox"/> Mother needs to eat more food	4	

		<input type="checkbox"/> Mother need to rest more	5	
		<input type="checkbox"/> Give baby formula	6	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
217	Do you think that the mother of a 4-month-old baby should stop breastfeeding if the mother becomes ill?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
		<input type="checkbox"/> Don't know	8	
		<input type="checkbox"/> No response	9	
218	What age should a baby continue to be breastfed?	<input type="checkbox"/> <input type="checkbox"/> Number of months		
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	
219	At what age should a baby first start to receive water along with breast milk?	<input type="checkbox"/> <input type="checkbox"/> Number of months		
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	
220	At what age should a baby first start to receive liquids (including water, juice) other than breast milk?	<input type="checkbox"/> <input type="checkbox"/> Number of months		
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	
221	At what age should a baby first start to receive semi-solid (e.g. rice, khichuri) food other than breast milk?	<input type="checkbox"/> <input type="checkbox"/> Number of months		
		<input type="checkbox"/> Don't know	88	

		<input type="checkbox"/> No response	9	
222	At what age should a baby start to receive animal source foods (e.g. beef, chicken, egg, fish)	<input type="checkbox"/> <input type="checkbox"/> Number of months		
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	
223	What should a mother do when the child (below 6 months of age) is ill?	<input type="checkbox"/> Breastfeed less than usual	1	
		<input type="checkbox"/> Breastfeed as usual	2	
		<input type="checkbox"/> Breastfeed more often	3	
		<input type="checkbox"/> Stop breastfeeding	4	
		<input type="checkbox"/> Give breast milk substitute	5	
		<input type="checkbox"/> Give nutritious semi/solid food	6	
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	
224	In case of diarrhea, what type of supplement should be given to the child?	<input type="checkbox"/> Zinc tablet	1	
		<input type="checkbox"/> No supplement required	2	
		<input type="checkbox"/> Don't know	88	
		<input type="checkbox"/> No response	9	

Conclude the interview by thanking the respondent for his/her time and for sharing about their knowledge of nutrition topics.